

**REMARKS**

Reconsideration of this application as amended is respectfully requested.

Claims 1, and 2 were rejected as being unpatentable over Gilmore in view of Hanson. Applicants respectfully traverses the rejection. Applicants' Claim 1 includes the method step of "recording an oral message in the medication reminder device that identifies a medication and the dosage to be taken." Gilmore does not suggest the recording of such an oral message.

Gillmore's dispenser sounds an audible alarm medication when it is time to take the medication. The "take medication" LED 24 flashes, the patient responds by using the dispensing actuator, and the door 25 of the appropriate dispensing compartment opens (see paragraph 55). The audible alarm issues a warning via speaker 3 (see paragraph 54). The sound emanating from speaker 3 is an alarm buzzer or, something pleasant and personal (see paragraph 62). The message suggested is to orient the patient by stating the date and time of day and that it is time to take medication. If the patient is not near the speaker 3, he can be alerted by other means such as a pager 140 (see paragraph 77).

The patient may respond to the alert by utilizing an actuator such as a finger print reader 1 (see paragraph 56). The finger print reader identifies a finger print as belonging to the patient and then opens the door 25 of the appropriate one of four containers for the day (see paragraph 56). The medication in the dispensing unit is inserted by a pharmacist or other medical professional. The medical professional programs the device and fills it with a full month's supply of medication (see paragraph 45). There is therefore no need to audibly identify the medication or the dosage. To do so would most likely confuse the patients described by

Gilmore.

Hanson et al. discloses a reprogrammable drug dispenser that provides a patient audio instructions for administration of a medication (see column 1, lines 9-13). The instructions include information such as how often to take, whether to avoid sunlight, with or without food, and orally or other than orally (see column 1, lines 18-24). The device is for use by persons who are illiterate or visually impaired (see column 3, lines 106). The device 10 holds the medicine container C with medication such as pills M. Removal of the container C from the housing unit 10 may actuate audio play back. Switch 20 may also serve to actuate audio play back (see column 4 lines 8-24).

Upon demand by a patient to output information supplied by a pharmacist, the information is played through a speaker 16B (see column 3, line 65 through column 4 line 1).

The basic concept for employment of the Hanson et al dispenser is that a patient takes a container with a medication and an attached device 10 at a time chosen by the patient, activates the device to play instructions and then follows the instructions without reading instructions normally found on the container. There is no patient alert at a programmed time or even a clock function disclosed by Hanson et al., Hanson et al. has no need to even identify the medication, because the medication is attached to the device.

Applicants' medication administration method is separate from medication containers. Finding the medication to be taken and insuring the medication includes the proper quantity of an active ingredient is up to the patient or a care giver. Applicants' administration method is usable in a medical facility for multiple patients as well as by an individual patient. The dosage to be taken is important because pills and other medications are available with various quantities of an active ingredient.

Claim 1 and claim 2, which is dependent upon claim 1, are allowable for reasons set forth above.

Claim 3 was rejected as unpatentable over Gilmore in view of Hanson et al. and further in view of Kirton et al.

Claim 3 is dependent upon claim 1 and includes entering a warning message instructing a person of the action to be taken when an identified medication is not taken within a predetermined time from the scheduled time. Some medications may be harmful if the quantity of the medication in the system becomes too high. There may also be medications that will react with other medications and form harmful substances. The information to be recorded in the method step set forth in claim 3 is to provide a warning to a patient telling the patient not to take a scheduled medication, without approval by his doctor or pharmacist, because to do so could be harmful. The message is not to obtain compliance, but to prevent possible injury. The instruction is for the patient or an attendant taking care of the patient and not for his doctor. However, the instruction may tell the patient to contact his doctor for instructions.

Kirton et al. merely discloses a compliance program that attempts to alert a patient to comply with instructions and records a missed event if the patient fails to comply within a predetermined time. No special recorded instructions are given to the patient as the Applicant understands the Kirton et al. disclosure. Kirton et al. does not provide for any special recorded warning as set forth in Applicants' claim 3. Claim 3 is therefore allowable together with parent claim 1 for reasons set forth above.

Claim 4 was rejected as being unpatentable over Gilmore in view of Hanson et al. and further in view of Sekura et al. Claim 4 is dependent on claim 1 and is allowable together with claim 1 for reasons set forth above.

Claim 5 has been amended to include the subject matter of claim 6. Claim 6 was rejected as unpatentable over Gilmore in view of Hanson et al. and further in view of Sekura et al. Applicants respectfully traverse the rejection. Claim 5 as amended includes the method steps of changing the current date to a future date, listening to the messages that are to be played on the future date and then changing the future date back to the current date. The purpose includes determining which medications are to be taken on a future trip that is planned during a time period three months in the future for example. Sekura et al. discloses scrolling. Scrolling would most likely take a long, long time with the method set forth in claim 1. Gilmore has a total of four times during each twenty four hours that alerts are issued. Applicants method has 1440 possible alert times during each twenty four hour period (one per minute). That is because a time is entered for each medication event that occurs. The reason for this method of operation is to provide maximum flexibility for the doctor and pharmacist. Maximum flexibility in prescribing event times creates maximum programming entries for the person making the entries. If, for example, a person is to take four pills four times per day under the claimed method, there will be sixteen possible daily entries. Using the Gilmore device there are a maximum of four daily event times. Depending upon how the events are scheduled, there may not be an entry for some of the four time periods. In a ten day period Applicants have a potential of 14,400 event times. Gilmore's device has a total of 40 event times during the same ten day period. By changing the current date to a future date on the device calendar, the time required to identify medication requirements for a given future date may be reduced by a substantial amount.

The claimed steps in amended claim 5 are a potential time saver over the Sekura et al. scrolling. Claim 5 as amended is allowable.

Claim 6 has been canceled.

In view of the above, this Application as amended is in condition for allowance.  
Reconsideration and allowance is therefore respectfully requested.

Respectfully submitted

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